

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. APPLICANT(S)	FILING DATE 09/831480					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				/
2							52	/					/
3							53		/			/	
4							54	/				/	
5							55		/			/	
6							56		/			/	
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8							58	/				/	
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11							61		/			/	
12							62		/			/	
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15							65		/			/	
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17							67		/			/	
18							68		/			/	
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25							75		/			/	
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27							77		/			/	
28							78		/			/	
29			/				79		/			/	
30				/			80		/			/	
31				/			81		/			/	
32				/			82	/				/	
33				/			83		/			/	
34				/			84	/				/	
35				/			85		/			/	
36				/			86	/				/	
37			/				87		/			/	
38				/			88		/			/	
39				/			89		/			/	
40				/			90		/			/	
41				/			91		/			/	
42				/			92		/			/	
43			/				93		/			/	
44				/			94		/			/	
45			/				95		/			/	
46			/				96		/			/	
47				/			97		/			/	
48				/			98		/			/	
49				/			99		/			/	
50			/				100		/			/	
TOTAL O.							TOTAL IND.						
TOTAL P.							TOTAL DEP.						
TOTAL AIMS							TOTAL CLAIMS						

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